सत्यमेव जयते

झारखण्ड गजट

असाधारण अंक

झारखण्ड सरकार द्वारा प्रकाशित

10 अग्रहायण, 1944 (श०)

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स्वास्थ्य, चिकित्सा शिक्षा एवं परिवार कल्याण विभाग

संकल्प

31 दिसम्बर, 2020

संख्या - 6 /पी० (विविध)-14/20202- 989(6)--

विषय- यक्ष्मा रोगियों को उनके कार्यस्थल (Workplace) पर यक्ष्मा तथा यक्ष्मा से संलग्न रोगों (कोमोर्बिडिटिस) के रोकथाम तथा मुफ्त निदान एवं उपचार की समुचित सुविधा प्रदान करने के उददेश्य से "Workplace Policy on TB and its comorbidities including Occupational Lung Diseases" नीति के संबध में।

यक्ष्मा अथवा टी0बी0 अथवा क्षय रोग एक प्रमुख लोक स्वास्थ्य समस्या है। यह एक संक्रामक रोग है, जिससे झारखण्ड राज्य में प्रतिवर्ष लगभग 50 हजार से अधिक लोग प्रभावित होते हैं। यह मुख्य रूप से जनसमूह के क्रियाशील अथवा उत्पादक आयु समूह को प्रभावित करता है तथा गरीबी, कुपोषण एवं शरीर की कमजोर प्रतिरक्षा प्रणाली से इस रोग का अन्योन्याश्रय संबंध है। यक्ष्मा के साथ अन्य रोगों यथा HIV-AIDS, डायबीटीज (मधुमेह की बीमारी) तथा

Occupational Lung Diseases (यथा सिलीकोसिस) एवं तम्बाकू सेवन का घनिष्ठ संबंध है। कतिपय रोगियों में दवा प्रतिरोधी टी0बी0 (Drug Resistance TB) ही पाया जाता है, जो इस रोग की रूग्णता, जटिलता एवं मारक क्षमता को बढ़ा देता है। यक्ष्मा से ग्रसित रोगियों हेतु राष्ट्रीय यक्ष्मा उन्मूलन कार्यक्रम द्वारा वर्ष 2025 तक यक्ष्मा उन्मूलन का लक्ष्य निधारित किया गया है। झारखण्ड राज्य में खनिज पदार्थ बहुतायात में उपलब्ध है। फलतः यहीं इससे संबंधित विविध खनन क्षेत्र तथा औद्यौगिक क्षेत्र क्रियाशील है जहाँ बहुत अधिक संख्या में कामगार कार्यरत है। ऐसे कार्यस्थल पर कार्य करने वालों में से किसी एक के यक्ष्मारोग से ग्रसित होने पर रोग के दूसरे कामगारों में प्रसार की संभावना अधिक होती है। कई अवसरों पर यक्ष्मा से कामगार को नौकरी से निकाल भी दिया जाता है जिससे उनका परिवार संकट में आ जाता है।

2. वर्तमान परिप्रेक्ष्य में यक्ष्मा रोगियों को उनके कार्यस्थल (workplace) पर यक्ष्मा तथा यक्ष्मा से संलग्न रोगों (comorbidities) के रोकथाम तथा मुफ्त निदान एवं उपचार की समुचित सुविधा प्रदान करने के उददेश्य से "Workplace Policy on TB and its comorbidities including Occupational Lung Diseases" नीति का प्रस्ताव गठित कर मंत्रिपरिषद् की स्वीकृति हेतु भेजा गया। इसके अन्तर्गत संभावित कतिपय रोगियों में ही एक्स-रे जाँच की आवश्यकता होती है। राष्ट्रीय यक्ष्मा उन्मूलन कार्यक्रम में बलगम के जाँच तथा आवश्यकतानुसार एक्स-रे जाँच की मुफ्त व्यवस्था प्रावधानित है । अतएव एक्स-रे इत्यादि पर होने वाले व्यय का अलग से वहन नहीं किया जाना है।

3. विभागीय संलेख संख्या- 847 (6) दिनांक- 11.11.2020 में निहित उपर्युक्त प्रस्ताव पर दिनांक 23.12.2020 को मंत्रिपरिषद की बैठक में मद संख्या- 36 के रुप में स्वीकृति प्राप्त है।

आदेश: आदेश दिया जाता है कि इस संकल्प को जनसाधारण की जानकारी के लिए सरकारी राजपत्र के अगले असाधारण अंक में प्रकाशित किया जाय।

अनु0: "Workplace Policy on TB and its comorbidities including Occupational Lung Diseases" नीति।

झारखण्ड राज्यपाल के आदेश से,

(डॉ0 नितीन कुलकर्णी)
सरकार के प्रधान सचिव।

Workplace Policy on Tuberculosis (TB) and its Comorbidities including Occupational Lung Diseases

National TB Elimination Programme (NTEP)

Jharkhand

Contents

Abbreviations

ACSM	Advocacy, Communication & Social Mobilization
AFB	Acid-Fast-Bacili
AIDS	Acquired Immunodeficiency Syndrome
ATT	Anti TB Treatment
CSR	Corporate Social Responsibility
DHS	District Health Society
DMC	Designated Microscopy Centre
DOTS	Directly Observed Treatment, Short Course
DR TB	Drug Resistant TB
DS TB	Drug Sensitive TB
DTC	District TB Centre
DTO	District TB Officer
ELM	Employer Led Model
ESI	Employees' State Insurance
HIV	Human Immunodeficiency Virus
HR	Human Resource
IEC	Information, Education & Communication
ILO	International Labour Organization
LoI	Letter of Intent
LTBI	Latent TB Infection
MDR	Multi-Drug-Resistant
MoHFW	Ministry of Health & Family Welfare
MoLE	Ministry of Labour & Employment
MoU	Memorandum of Understanding
NACO	National AIDS Control Organization
NGO	Non-Government Organization
NHM	National Health Mission
NSP	National Strategic Plan
NTEP	National TB Elimination Programme
OI	Opportunistic Infection
OPD	Out Patient Department
PHI	Peripheral Health Institution
PPM	Public Private Mix
PSU	Public Sector Undertaking
RNTCP	Revised National TB Control Programme
STC	State TB Cell

STO	State TB Officer
TB	Tuberculosis
WHO	World Health Organization
XDR	Extensively Drug Resistant

Key Definitions

Worker refers to any person working under any form of arrangement.

Workplace refers to any place in which workers perform their activity.

Stigma means the social mark that, when associated with a person, usually causes marginalization or presents an obstacle to the full enjoyment of social life by the person infected or affected by TB and/or HIV.

Discrimination is the expressed behavior towards a worker based on the individual's perceived TB and/or HIV status or diseased status, including discrimination on the ground of sexual orientation.

Reasonable Accommodation is any modification or adjustment to a job or to the workplace that is reasonably practicable and enables a person living with TB and/or HIV to have access to, or participate or advance in, employment.

Vulnerability refers to socio-economic disempowerment, cultural context and work situations that make workers more susceptible to the risk of infection and situations which put children at greater risk of being involved in child labour.

Tuberculosis and its comorbidities refer to TB, HIV, Diabetes Mellitus, Tobacco Consumption and Silicosis or other Occupational Lung Diseases.

I. Background

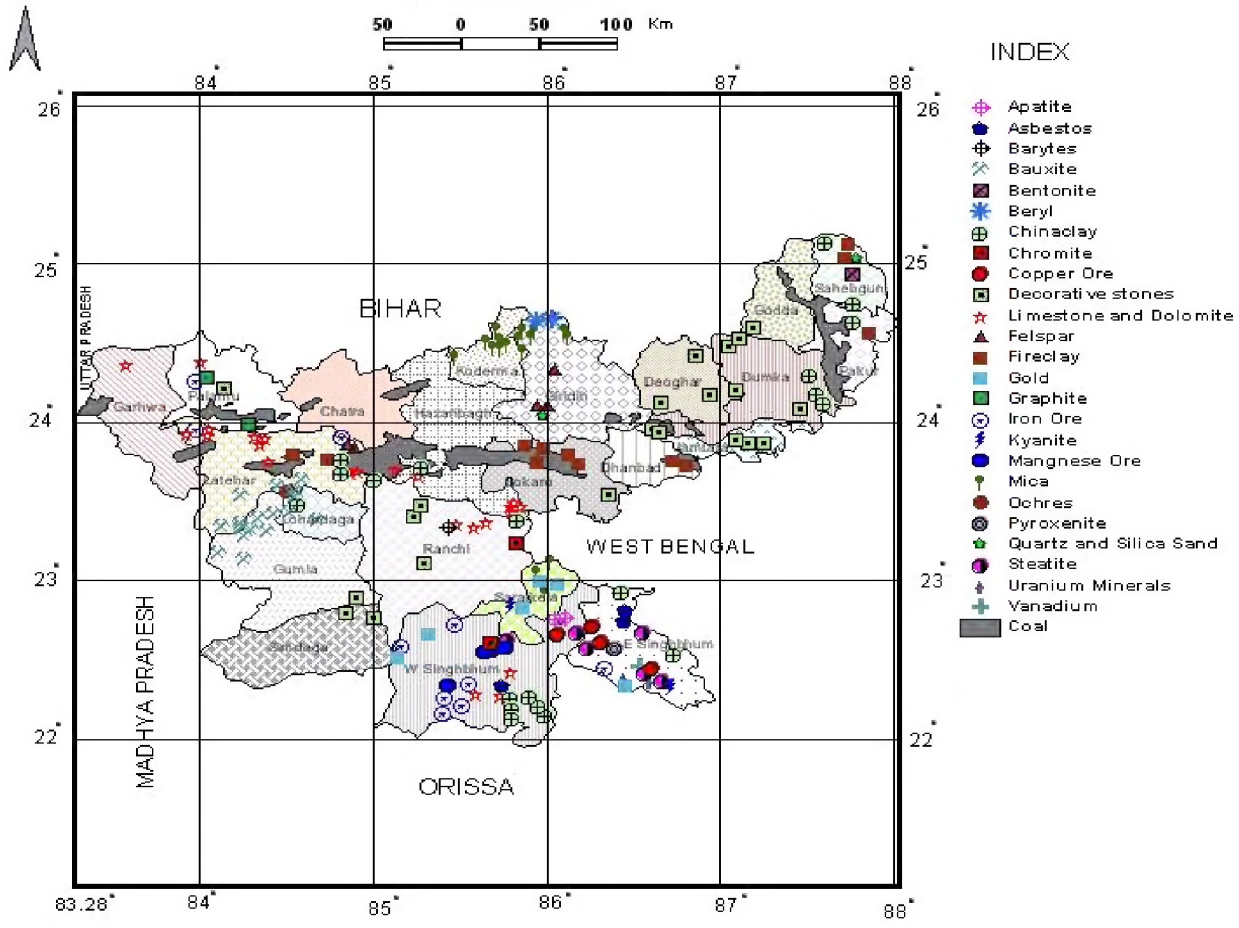
India accounts for 27.4 Lakh of the 100 Lakh new Tuberculosis cases globally, according to the WHO Global TB Report 2018. India is a signatory to the WHO's "The End TB Strategy" that calls for a world free of Tuberculosis, with measurable aims of a 50% and 75% reduction in incidence and deaths, respectively by 2025, and corresponding reductions of 90% and 95% respectively by 2035. To meet these targets, India is adopting newer strategies. India is also one of the high HIV burden countries.

Across the globe emergence of Multi-Drug Resistant (MDR) and Extensively Drug Resistant (XDR) TB is proving to be a challenge. World Health Organization (WHO) has quoted, if a country is having 300 cases per One Lakh Population as annual overall TB Incidence rate, out of this 60 cases per year are expected among a workforce of 20,000 (WHO- ILO, 2003). It has been estimated, that a person with infectious diseases could infect about 20 different individuals during their lifetime (Quazi Shafayetul Islam, 2015). A workplace having 20,000 employees could be considered for establishing a Directly Observed Treatment, Short-course (DOTS) program in collaboration with National Tuberculosis Elimination Program (NTEP) (WHO- ILO, 2003).

The National Strategic Plan (NSP) for Tuberculosis Elimination (2017- 2025) has emphasized the role of multi stakeholders towards the elimination of TB by the year 2025. The NSP foresees the role of stakeholders in multiple ways to combat the diseases which is not only having clinical implications but also having financial, social, psychological and other implications. It provides goals and strategies for the country's response to the disease during the period 2017 to 2025 and aims to direct the attention of all stakeholders on the most important interventions or activities that the NTEP believes will bring about significant changes in the incidence, prevalence and mortality of TB. The NSP also emphasizes on addressing the issue of TB along with its comorbidities like HIV, Diabetes Mellitus, Tobacco consumption and Silicosis or other Occupational Lung Diseases.

Further, The National Strategic Plan for TB elimination 2017-2025 (Revised National TB Control Programme i.e. RNTCP, 2017) and RNTCP Technical and Operational Guidelines for India 2016 (CTD- DGHS- MoHFW, RNTCP- Technical and Operational Guidelines for TB Control in India 2016), recommends symptoms screening and periodical health camps in, ''settings like transit camps, night shelters, old age homes, orphanages and de-addiction centres that may have ill ventilated and unsanitary environment''. The NSP further states the need for establishing surveillance system at workplaces and in migrant sites.

The state of Jharkhand is rich in minerals & industries and the history of mining and processing of metallic and non-metallic minerals is approximately 300 years old. There are more than 15,000 mines of different minerals such as coal, copper, iron, quartz, granite, bauxite and uranium and several related industries currently operational. These include several stone crushers, ramming mass units, iron ore crushers, and sponge iron units. There are also presence of Tasar (silk), cotton units & Poultry farms. Many of these production (including construction) units are identified for silica dust emission at workplace. Several such units come under the unorganized sector- in rural and industrial areas of urban localities.



Mineral Map of Jharkhand

Being rich in mines and industries is a boon for the state; at the same time may also result in certain health hazards in the form of **"Occupational Lung Diseases"** especially varieties of **"Pneumoconiosis"** such as **Silicosis, Asbestosis, Coal worker's pneumoconiosis (Anthracosis)** etc., not only in the workers and employees there but also to other people dwelling nearby. As majority of such activities is associated with **silica dust**, it may be envisaged that presence of persons affected with **silicosis** forms the bulk of Pneumoconiosis group followed by Coal worker's pneumoconiosis, Asbestosis and so on. The people affected by these are also prone to TB due to bad lung health.

There is a causal relationship between exposure in a specific working environment or work activity and a specific disease. The fact that the specific disease occurs among a group of exposed persons with a frequency above the average morbidity of the rest of the population also substantiates the causal relationship.

II. Goal of the Workplace policy

The overall goal of this policy document is to provide an operational framework to all stakeholders in the "world of work" towards the goal of eliminating tuberculosis (TB) by 2025, by facilitating an enabling environment to prevent new TB infections, early case detection, access to free diagnosis and treatment, adherence to treatment along with focus on its comorbidities like HIV, Diabetes Mellitus, Tobacco consumption and Silicosis or other Occupational Lung Diseases. **The policy framework builds on the "Policy Framework to address Tuberculosis, TB related co- morbidities and HIV in the World of Work in India 2019" of Government of India** and aims to provide guidance to the Stakeholders of the world of work like Government, Employers, Private Sector, Industries, Mines, Corporate Sectors, Worker's organizations, Civil Society Organizations and all relevant partners.

III. Objective of Workplace policy

- To promote awareness on TB prevention, screening, diagnosis and treatment across workplaces in Jharkhand.
- To facilitate and advocate for an environment that minimizes and prevents TB transmission at workplaces across Jharkhand.
- To support and ensure early and free diagnosis of TB across workplaces in Jharkhand.
- To facilitate and ensure access to free TB drugs and adherence to treatment for the entire duration across the Workplaces in Jharkhand.
- To ensure care and support services for the workforce, post the completion of treatment.

- To address TB and its comorbidities in the world of work.

- To ensure early identification of workers suspected of suffering from Silicosis or other Occupational Lung Diseases working at Silicosis/Occupational lung diseases prone workplaces and referral of such suspected cases to Certifying Surgeons/higher centers to confirm or rule out silicosis and/or other occupational lung diseases for any other further action needed.
- To advocate and facilitate a stigma free environment for assessing TB associated services at the workplaces in Jharkhand.

IV. Workplace settings

All workplaces may not be at increased risk for TB but there are certain workplaces settings with increased TB risk, which are as follows:-

Table – 1: Workplace settings with increased TB Risk (WHO-ILO 2003)

Sl. No.	Workplace setting	Cause of increased occupational risk
1	Oil and Gas Industries and plantations	Cramped living quarters and potentially poor health conditions
2	Mining Industries	Silica particles and cramped living quarters
3	Prisons	Exposure of prisoners and prison employees to prisoners with TB in often cramped conditions
4	Health Centre/Hospitals	Can be contracted with other infected individuals
5	Business with large migrant force	Poverty, poor sanitation and living condition, birth in countries with high TB infection rate

There are other vulnerable populations also for the TB disease which are mainly as follows –

Table – 2:

Priority areas	Urban area	Rural area	Tribal area
1	Slum areas	Difficult to reach areas	Difficult to reach villages and hamlets
2	Prison inmates	Mine workers	Villages with known higher case loads
3	Old age homes/ Remand homes	Residential Schools	Residential Schools

4	Construction site Workers	Population groups with known high malnutrition,	Area with known high Malnutrition
5	Refugee camps	Populations known to drink raw milk	Villages seeking care from traditional healers

Priority Areas	Urban area	Rural area	Tribal area
6	Night shelters	Populations known to eat uncooked meat	Populations known to drink raw milk
7	NACO/ SACS identified HRG for HIV	NACO/ SACS identified HRG for HIV	Populations known to eat raw meat
8	Homeless	Weaving and glass industrial workers	Tribal areas with little ventilated huts
9	Orphanages/Home for Destitute	Unorganized labor	Unorganized labor
10	Asylums	Villages largely seeking care from traditional healers	Villages largely seeking care from traditional healers
11	Factory/Industrial/Mining areas	Factory/Industrial/Mining areas	Factory/Industrial/Mining areas
12	Stone crusher units / Brick kilns	Stone crusher units/Brick Kilns	Stone crusher units/Brick Kilns
13	Textile Industry/Cotton mill workers	Textile Industry/Cotton mill Workers	Textile Industry/Cotton mill workers
14	Bidi making industry	Bidi making industry	Bidi making industry
15	Transport Workers	Transport Workers	Transport Workers

V. Key guiding principles of the Policy framework to address TB & its comorbidities at the workplace

Following principles have been adopted from various workplace policy documents andthese principles will guide the workplace strategies and interventions-

- **Recognition that workplaces can play a vital role in elimination of TB along with addressing its comorbidities:**

  It has been amply demonstrated that TB & its comorbidities can negatively impact work productivity in industrial set-ups through increased absenteeism and turnover of staff due to TB associated morbidity and mortality. Most workers spend most of their working hours at their places of work. In some situations, the workplace may also be where workers live. There is stronger need to introduce access to TB control services in these settings than in any other.

- **Non-discrimination:**

  A non-discriminatory environment enables the uptake of screening and treatment by employees and hence ensures a healthy workforce. There should be no discrimination against the workers on the basis of TB and/or HIV infection.

- **Rights- based and gender equality:**

  TB is a disease of poverty and inequality. A number of factors related to human rights and gender can hinder the effectiveness, accessibility and sustainability of TB programs and services.

  - Overall, men have
    - higher risk of developing TB due to gender specific occupations; and higher risk of occupational lung diseases due to jobs such as mining or blasting with exposure to particulates
    - higher TB mortality
  - Men may be more likely to migrate for work which may cause interruptions in TB treatment. Migration may also increase risk of contracting HIV.
  - Men may also be more likely to smoke or use drugs in many societies both being independent risk factor of TB.
  - On the other hand, women may have less access to TB treatment and prevention services than men and in some settings have been less likely to undergo sputum smear examinations. Therefore, more equal gender relations and empowerment of women is vital to successfully prevent the spread of TB infection and enable women to cope up with TB.

- **Safe and healthy work environment:**

  The work environment should be healthy and safe for all workers in order to prevent infection of TB along with other occupational lung diseases in accordance with the provisions of international standards. A safe and healthy work environment will keep the workforce healthier and ensure productivity without any delay or discontinuation.

- **Case finding and diagnosis:**

  Early identification, of workers and their families with a high probability of having active TB and its comorbidities, is the most important activity of the case finding strategy in the workplace. Screening for TB along with its comorbidities should be voluntary and

confidentiality should be ensured. Periodic screening should be extended for an informed voluntary uptake as this will ensure early detection of cases and minimize the period of treatment and further ensure a disease-free environment.

- **Treatment, Care and Support:**

  All workers including contractual workers are entitled to affordable health services. There should be no discrimination against them and their dependents in accessing benefits. There should be proper and adequate rehabilitative measures in place.

- **Continuation of employment relationship:**

  Irrespective of the disease status

  - The employer should continue to provide employment to the individuals which will facilitate in adherence to the treatment and prevent further transmission.
  - There should be psychological support for employers, access to free treatment and services, compensation for loss of income, free transport to health facilities, and motivations to continue treatment.
  - Appropriate provision of leave and suitable changes in the work will encourage an employee to complete the treatment.
  - The issue of occupational lung diseases should also be dealt with as per the prevailing rules & regulations.

- **Prevention:**

  Prevention should be the primary focus and preventive strategies should be focus on behavior change, knowledge, treatment and the creation of a non-discriminatory and safe environment. Workplace preventive interventions should be continuously studied for their effectiveness and to carry out appropriate modifications.

VI. Implementation

There is a need to engage different stakeholders to facilitate implementation of workplace policy and guidelines for TB Control along with addressing its comorbidities. This engagement of the stakeholders could be appropriately instigated for the effective outcome of the program. The engagement of various stakeholders depends upon different reasons and interest which needs to be identified and addressed appropriately. For TB & its comorbidities interventions at workplace, the stakeholders could be broadly categorized into the following categories:-

Government (Department of Health, Medical Education & Family Welfare and Department of Labour, Employment & Training):

- The Department of Health, Medical Education & Family Welfare and the Department of Labour, Employment & Training should take lead in providing workplace policy guidelines on addressing TB along with its comorbidities. This coherence between these two departments is needed due to Government of India decision to bring TB and its comorbidities programs together and the Ministry of Labor & Employments (MoLE) has already formulated the national policy on HIV/ AIDS in the World of Work in 2009.
- The department of Labour should share TB workplace policy framework with employers and workers organizations as this would ensure a healthy workforce besides contribution to the national response on TB.
- The department of Labour should also guide employer and workers organizations to extend and adapt their TB prevention programs to the needs of informal workers.
- Both departments should ensure periodic review and ensure that the challenges are addressed without hampering the implementation of the workplace intervention for TB along with its comorbidities.

National TB Elimination Program (NTEP):

- Ensuring that the TB Control program is in line with national policies and guidelines.
- There should be endorsement of the role of employers and workers organizations for implementing workplace measures to address TB and its comorbidities.
- There should be up-gradation of facilities (Designated Microscopy Centre (DMC) and/or Treatment Support Centre) for effective response ensuring establishment of appropriate infrastructure facilities for linking and treatment services, wherever required.
- Ensuring TB prevention and control programs along with addressing its comorbidities in all workplace settings.

National AIDS Control Organization (NACO):

- Implementation of Memorandum of Understanding (MoU) signed between the NACO and MoLE to strengthen workplace program of HIV and TB will pave the way for a robust world of work response for prevention of TB.
- NACO's HIV workplace intervention provides a guidance platform for TB interventions at

- the workplace as well.

Employer's Organizations:

- Employers should consult with workers and their representatives to issue guidelines to their members to develop and implement appropriate programs on early detection, prevention, care & treatment of TB and protect all workers from discrimination related to TB.
- Employers and their organizations in consultation with workers & their representatives should initiate and support programs at their workplaces to create a pool of resource persons trained in TB and its comorbidities.

- Employers should take all measures for risk reduction and management of TB & Occupational Lung Diseases that includes proper ventilation at workplaces, less cramped workplace settings, pre-employment & periodic checkups and regular awareness camps especially in those workplaces where there are high chances of TB infection and/or occupational lung diseases.
- Employers and their organizations in consultation with workers & their representatives should take measures to reasonably accommodate workers with TB and related illnesses. These could include rearrangement of working time, opportunities for rest breaks, time off for medical appointments, flexible sick leaves and return to work arrangement.
- In spite of good corporate citizenship, employers and their organizations, should wherever appropriate, encourage fellow employers to contribute to the prevention of TB and occupational lung diseases in the workplace.
- Provision of the paid leave for the people affected with TB up to a period of four weeks should be made by the management. The payments could be channelized either through the management or CSR with amendments in the CSR Act if necessary. After paid leave the patients should be given less strenuous works in the establishments so that they can recover fast.
- Provision of additional special nutrients to TB sufferers should be made for their speedy recovery through their management or under CSR activity.

Worker's organization (e.g. Trade Unions):

- Workers and their representatives should consult with employers to issue guidelines to their members to develop and implement appropriate programs on early detection

- prevention, care and treatment of TB and protect all workers from discrimination related to TB along with addressing its comorbidities.
- Workers and their organizations should use existing union structures and facilities to provide information on TB along with addressing its comorbidities in the workplace, and develop educational material and activities appropriate for workers and their families, including regularly updated information on worker's rights and benefits.
- Worker organizations in consultation with employers should take all measures for risk reduction and management of TB & other occupational lung diseases that include proper ventilation at workplaces, less cramped workplace settings, pre-employment & periodic checkups and regular awareness camps especially in those workplaces where there are high chances of TB Infections and/or occupational lung diseases.
- Worker Organizations' in consultation with employers and their representatives should take measures to reasonably accommodate workers with TB & other related illnesses.

  These could include rearrangement of working time, opportunities for rest breaks, time off for medical appointments, flexible sick leaves and return to work arrangement.
- Workers and their organizations should work with employers to develop appropriate strategies to minimize the impact of TB & its comorbidities on workers and their productivity.
- Ensuring that the TB Control program, measures for its comorbidities and preventive measures are in line with national policies and guidelines.

Non -governmental organizations (national and international):

- Promotion of equitable health services across all levels of employees.
- Promoting and ensuring capacity of the government and healthcare providers.
- Developing and advocating for evidence based strategies and workplace learning for strengthening government responses.

Social organizations:

- Social organizations should be engaged for facilitating resources for welfare of the world of work.
- Social organizations should be engaged for volunteerism in implementing workplace interventions and awareness on TB, importance of early detection and treatment

- adherence and role of addressing its comorbidities.
- Organizations like Rotary internationals, Lions club, Red Cross Society etc. should be considered as potential stakeholders, as these organizations show interest in serving the interest of the society and nation as a whole.

Community representatives:

- Engagement of community such as "Cured TB Patients or TB Champions", "Outreach Workers" etc. will help in creating an environment free of stigma and discrimination in the world of work.
- Engagement of community helps in spreading the message on the importance of prevention, early detection and treatment adherence.

Private Practitioners (PPs):

Majority of patients initially seek care from private providers before they turn to public institutions. Therefore, NTEP should try to capitalize on ability of this sector to reach patients who would not or are unable to, access public services.

- Treatment regimens under NTEP are efficacious and cost effective compared to the regimens prescribed by PPs. By involving the PPs in NTEP effective & free of cost TB management services could be provided.
- Participation of PPs in NTEP would also help in reducing the financial burden on the poor, arising due to cost of drugs in particular.
- The Government infrastructure by itself cannot possibly deliver care to all patients because it would mean a substantial increase in infrastructure and personnel in public system.

VII. Course of Action

Identification of Presumptive cases and diagnosis

- The Department of Labor, Employment & Training should provide district wise line list of factories/mines/industries (workplaces) and establishment wise number of employees to the Civil Surgeon (CS) of the district. The list of available Certifying Surgeons within the state and enlisted/authorized higher level Occupational Diseases referral centres should

- also be made available to Civil Surgeon (CS).
- Pre-employment health checkup & periodic checkups of workers along with maintenance of their Health Cards are responsibilities of owners/authorities of the factories/mines/industries, done by their Health Establishments (HEs) and enforced & monitored by the Factory Inspectorate/DGMS or the concerned department(s).
- In case of non-availability of their own HEs, the concerned owners/authorities of factories/mines/industries to coordinate with CS/Program Officer/ Nodal Officer, Department of Health, GoJ of the respective district and finalize date(s) for checkups and send their workers along with their Health Cards on the decided date(s) to identified CHC/Sub-Divisional Hospital/District Hospital/other Hospital.
- Health Checkups & necessary investigations to be done in the prescribed manner as per norms. For e.g. for TB as per NTEP guidelines, for Diabetes Mellitus as per Non-Communicable Disease (NCD) program guidelines, for HIV as per the NACO guidelines, for tobacco as per the National Tobacco Control Program (NTCP) guidelines in consultation with the concerned program officers of the respective diseases at district level.
- Referral of workers suspected of suffering from TB & any co-morbidities to nearest Designated Microscopy Centre (DMC) & related Health facility respectively. Also referral for doing X-ray of chest shall be done for suspected TB and occupational lung disease cases.
- Referral of workers suspected of suffering from Silicosis or other Occupational diseases to Medical Boards of District Hospital/Medical College Hospital, to Certifying Surgeons or to the higher- level Occupational Diseases referral centres as and when needed.
- Treatment measures to be undertaken by the concerned programs.
- Counseling measures also to be undertaken in above health facilities for diagnostic, treatment, adherence to treatment and preventive measures.
- Participation in coordination meeting of the Stakeholders at District.

Training and Sensitization

- District level training/sensitization of medics and paramedics by different programs like NTEP, NCD, NACP, NTCP along with in Occupational Lung Diseases.
- Training of Certifying Surgeons and members of Medical College/District Hospital level Medical Boards for Occupational Lung Diseases to be facilitated by Department of

- Labour/Mines with arranging trainers from Regional Occupational Health Centre (ROHC), Kolkata, National Institute of Occupational Health (NIOH), New Delhi and Factory Advice Service & Labor Institute (FASLI). These shall then function as Master Trainers for all district level trainings.
- Developing other Master Trainers at district level for training of medics and paramedics at district level

Recording and Reporting

- The owners/authorities of the factories/mines/industries to maintain the Health Card & complete health record of all workers.
- The examining Health Facility to also keep the records of such examinations in separate registers and share the data with the District Health Society (DHS) of the district on monthly basis.
- Collection, compilation and maintenance of data to be done at District Health society (DHS) which is to be facilitated by Nodal Officers of the concerned program under the supervision of CS in each district and should further be sent to Nodal Officers of the concerned program at State level.
- Any diagnosed case of Notifiable disease to be notified to the concerned authority as per the prevailing rules and regulations.

Monitoring and Feedback

- The monitoring of the entire activity at state level shall be done by the State TB-Comorbidity Coordination Committee (STCC).
- The monitoring of the entire activity at district level shall be done by the District TB-Comorbidity Coordination Committee (DTCC).

- The feedback from above meetings shall be provided to concerned health officials & related stakeholder(s) and communicated to the Department of Labor, Employment and Training.

Advocacy, Communication and Social Mobilization (ACSM)

1. Workplace ACSM intervention-

- Sensitization of Management Officials of the workplace on TB along with its co-morbidities like HIV, Diabetes Mellitus, Tobacco consumption and Occupational Lung Diseases, with support from the District / Sub District level Nodal Officers of respective programs.
- Sensitization of Workers (Contractual and Permanent) on TB along with its co-morbidities like HIV, Diabetes Mellitus, Tobacco consumption and Occupational Lung Diseases.
- Dissemination of Information, Education and Communication materials in the premises by
    - Putting hoardings/ banners/posters etc.
    - Using AV materials
    - Using Social Media tools such as WhatsApp, Facebook, Twitter, SMS wherever suitable.
- Observing World TB Day on 24 March every year by involving employees

2. Community level ACSM activities-

- Community awareness programs on TB and its co- morbidities can be tagged with other ongoing awareness generation activities of the CSR. A separate plan for sensitization can be done with the support of the District / Sub District level government health facilities.
- Sensitization of the volunteers of the CSR on TB along with its co-morbidities like HIV, Diabetes Mellitus, Tobacco consumption and Silicosis or other Occupational Lung Diseases.
- Dissemination of Information, Education and Communication materials in the field.
    - Putting hoardings/ banners/posters etc.
    - Nukkad Natak (Street Plays)
    - Sensitization of PRI members and SHGs of the Industries and the mining villages.
- Observing World TB Day on 24th March every year by involving communities

The prototypes of IEC materials for above-mentioned workplace & community level ACSM activities shall be made available by the concerned District Nodal Officers. The activitiesmay be undertaken under CSR activity by the concerned workplace authorities.

VIII. Inclusion of Employer Led Model (ELM)

In order to facilitate, the effective implementation and course of action, a model named as "Employer Led Model (ELM)" is to be incorporated. The ELM is a comprehensive strategy to reach out people working in industries and mines for integrating awareness and care on TB and its co-morbidities with existing system and structure of establishments.

Under this model a letter of Intent (LoI) is to be signed between the designated officials of District Health Society (DHS) and the PSU /Private Mines & Industries for effective implementation. The format for LoI is attached as **Annexure-I**.

After signing the LoI, the designated official of the Industry/Mine shall do its facility assessment & submit the Facility Assessment Checklist (FAC) to the designated official of DHS. The format for FAC is attached as **Annexure-II**.

The designated official of the Industry/Mine shall submit its monthly report to its higher official and the designated official of DHS. The DHS shall submit this report to the state nodal officers of concerned programs. The Monthly Reporting Format for this purpose is attached as **Annexure-III**.

IX. Mechanism to review implementation of the policy framework

At national level, in 2009 Ministry of Labor & Employment (MoLE), Government of India had formulated a policy on prevention of HIV/ AIDS in the world of work in India. A national steering committee (NSC) was formed by the ministry with representatives from Employers' and workers' organizations, institutions of the MoLE, NACO, ILO and People Living with HIV/ AIDS (PLHIV) for effective implementation of the policy. In 2017, the NSC was expanded to include the Central TB Division, Ministry of Health. The TB workplace policy framework could also be implemented in and integrated manner and governed by the same NSC to ensure smooth implementation without creation of multiple structure. Considering the growing changes in health care provisions and the TB situation in the country, the TB workplace policy framework could be revisited on appropriate time and interval.

At state level, in September, 2019 the Department of Health, Medical Education & Family

Welfare, Government of Jharkhand has constituted a State level Committee named as State TB-Comorbidity Coordination Committee (STCC) to ensure smooth implementation and regular review of all TB comorbidity collaborative activities. Representatives from the Department of

Labour, Employment & Training, Department of Industry and Department of Mines & Geology shall be included in the STCC. Then, this workplace policy framework could also be implemented in an integrated manner and governed by the same STCC to ensure smooth implementation without creation of multiple structures.

Considering the growing changes in health care provisions and the TB & its comorbidities situation, this workplace policy framework could be revisited by the STCC, for incorporation of any modification, on appropriate time and interval.

References-

1. *"Policy Framework to address Tuberculosis, TB related comorbidities and HIV in the world of work in India 2019" by Government of India dated - 10th April 2019.*
2. *National Strategic Plan for TB Elimination 2017-2025 (RNTCP, 2017)*
3. *RNTCP Technical and Operational Guidelines for India 2016 (CTB-DGHS-MoHFW, RNTCP-Technical and Operational Guidelines for TB control in India 2016).*
4. *WHO Global TB Report - 2018.*
5. *Standard Operating Procedure on Silicosis, Department of Health, Government of Jharkhand.*

XXXXXXXXXXXXXXXXX

Annexure – I

Letter of Intent (LoI)

Signed on

Date.....

Between

..... (Name of Workplace),

Jharkhand &

.....District Health Society, Jharkhand

This letter of Intent is being signed to achieve followings through Employer Led Model (ELM):

Goal: The overall goal is to provide an operational framework to all stakeholders in the "world of work" towards the goal of eliminating tuberculosis (TB) by 2025, by facilitating an enabling environment to prevent new TB infections, early case detection, access to free diagnosis and treatment, adherence to treatment along with focus on its co-morbidities like HIV, Diabetes Mellitus, Tobacco consumption and Silicosis or other Occupational Lung Diseases.

Objectives:

- To promote awareness on TB prevention, screening, diagnosis and treatment across workplaces in Jharkhand.
- To facilitate and advocate for an environment that minimizes and prevents TB transmission at workplaces across Jharkhand.
- To support and ensure early and free diagnosis of TB across workplaces in Jharkhand.
- To facilitate and ensure access to free TB drugs and adherence to treatment for the entire duration across the Workplaces in Jharkhand.
- To ensure care and support services for the workforce, post the completion of treatment.
- To address TB and its comorbidities in the world of work.

Annexure-I

Letter of Intent (LoI)

- To ensure early identification of workers suspected of suffering from Silicosis or other Occupational Lung Diseases working at Silicosis/Occupational lung diseases prone workplaces and referral of such suspected cases to Certifying Surgeons/higher centers to confirm or rule out silicosis and/or other occupational lung diseases for any other further action needed.
- To advocate and facilitate a stigma free environment for assessing TB associated services at the workplaces in Jharkhand.

Execution

- The Letter of Intent shall become effective upon signatures by both parties.
- Both Parties agree to collaborate and work together for the fulfilment of the Goal & Objectives as per the clause II & III of the Policy document named "**Workplace Policy on TB, its Comorbidities including Occupational Lung Diseases – Jharkhand**".

- Both Parties agree to collaborate and work together for the fulfilment of the Course of Action as per the clause VII of the Policy document named **"Workplace Policy on TB, its Comorbidities including Occupational Lung Diseases – Jharkhand".**

- Both parties agree to collaborate with each other and review the progress of implementation at least on quarterly basis.

Signed on behalf of	**Signed on behalf of**
District Health Society	**I/C of the Workplace**
(Name of Signing Authority)	**(Name of Signing Authority)**
(Stamp/Seal)	**(Stamp/Seal)**

Annexure–II

Facility Assessment Checklist

A. General Information

1. Name of the Establishment : _____
2. Sector of the Establishment : PSU ☐ Private ☐
3. Nature of Work: _____
4. Address: _____
5. Name of the Manager Designated officer for ELM: _____
   a. Contact Number: _____
   b. E-Mail Address: _____
6. Name of the Chief In-charge Medical Officer: _____
   a. Contact Number: _____
   b. E-Mail Address: _____
   c. Staff Details:

	Total	Male	Female
i. Number of Permanent Employees	☐	☐	☐
ii. Number of Contractual Employees	☐	☐	☐
iii. Number of Daily wages Employees	☐	☐	☐

B. Health Facility Information

1. Facilities Available: (Y / N)

   a. IPD [ ] If Yes then, No. of Beds [ ]

   b. OPD [ ] If Yes then, Avg. OPD Day [ ]

   c. Pathology Lab [ ] Sputum Microscopy [ ] Blood sugar [ ] HIV [ ]

   d. Radiology [ ] X-Ray [ ] X-Ray capacity [ ] USG [ ] CT [ ]

   e. NTEP - DMC [ ] f. NTEP - DOT centre [ ]

2. Health Staff:

   a. Number of Doctors [ ]

   b. Number of Nurses [ ]

   c. Number of Lab Technicians [ ]

   d. Number of X-Ray Technicians [ ]

   e. Number of Paramedics & health workers [ ]

Annexure-II

3. Training:

a. Number of Doctors trained in NTEP
b. Number of Nurses trained in NTEP
c. Number of Lab technicians trained in NTEP
d. Number of Paramedics & health worker trained in NTEP

C. Activities done at Health Facility level during the last one year

a. No. of orientation / Sensitization meetings on TB organized in the companyby State / District TB cell or by the company
b. No. of awareness activities on TB
c. No. of persons with symptoms of TB (Presumptive TB) Screened
d. No. of persons referred to Govt. Health Facility for CBNAAT Test
e. No. of persons diagnosed with TB and put on treatment
f. No. of persons diagnosed with TB and notified to NTEP
g. No. of TB patients successfully completed treatment

D. Activities done at Community/Field level under CSR during last one year

a. No. of awareness activities on TB
b. No. of any other activity related to benefit of TB Patients(If yes, Please attach details)

E. Workplace Policy

Does your organization have a defined workplace policy for health includingTB and its co morbidities: Y N

(If yes, Please Attach Details)

Official Seal **Signature of Designated Officer**

Monthly Reporting Format

Name of the establishment :_____

Sector (PSU/Private) : _____

Nature of work :_____

Address :_____

:_____

District :_____

Reporting Month and Year :_____

Date of Reporting :_____

A. Awareness activities (conducted in this reporting month)

Activities	Number	Number of persons Attended / reached
Sensitization meetings for Employees		
Sensitization meetings for community (other than employees)		
Sensitization meetings at schools (in the community area)		
Any other(please specify sensitization of community through SHG meetings / local youth clubs, street plays etc)		

Annexure–III

Monthly Reporting Format

B. Referral, Diagnosis and Treatment (for this reporting month)

A. In Health Camps			
Number of health camps held			
	Male	Female	Total
1) Number of persons visiting in health camps			
2) Number of presumptive TB cases			
3) Number of persons diagnosed with TB			
4) Number of persons diagnosed with Diabetes			
5) Number of persons found HIV positive			
6) Number of persons diagnosed with occupational lung diseases			
7) Number of persons having both TB and Diabetes			
8) Number of persons having both TB and HIV			
9) Number of persons having both TB and Occupational Lung Disease			
10) Number of persons put on treatment for TB			
B. In OPD			
	Male	Female	Total
1) Number of persons visiting the OPD			
2) Number of presumptive TB cases			
3) Number of persons diagnosed with TB			
4) Number of persons diagnosed with Diabetes			

Annexure-III

5) Number of persons found HIV positive			
6) Number of persons diagnosed with occupational lung diseases			
7) Number of persons having both TB and Diabetes			
8) Number of persons having both TB and HIV			
9) Number of persons having both TB and Occupational Lung Disease			
10) Number of persons put on treatment for TB			
11) Number of persons diagnosed with Drug Resistant TB			

Official Seal **Signature of Designated Officer**

झारखण्ड राजकीय मुद्रणालय, रांची द्वारा प्रकाशित एवं मुद्रित
झारखण्ड गजट (असाधारण) 575 - 50